Revised December 1974 CALLFORNIA LIQUID W	ASTE HAULER RECORD SFUND RECORDS CTR
	JRCES CONTROL BOARD 999085203
PRODUCER OF WASTE (Must be figled by producer)	HAULER OF WASTE (Must be filled by hauler)
Name (print or typest KOROXV=COLVER	Name (print or type): Superi or Industrial Pumping
Pick up Address: 44 5 No MARINE AUE Code No.	Business Address: P.O. Box 59389 L.A Calif 90059
(Number) (Street) (City) Telephone Number:( ) P.O. or Contract No.:	Telephone Number: /5/-1855 Pick Up: Time: : Dur
Order Placed By: Date: 9-9-30	State Liquid Waste Hauler's Registration No. (if applicable):
Type of Process which Produced Wastes:	Job No.: 1764 No. of Loads or Trips: Unit No.:
(Examples: metal plating, equipment cleaning, oil drillingCode No. wastewater treatment, pickling bath, petroleum refining)	Vehicle: Vacuum truckbarrels,flatbed,other(specify)  The described waste was hauled by me to the disposal(specify)
DESCRIPTION OF WASTE (Must be filled by producer)	facility named below and was accepted.
Check type of wastes:	I certify (or declare) under penalty of perjury that the foregoing is true
1. Acid solution 8. Tank bottom sediment 2. Alkaline solution 9. 011 3. Pesticides 10. Trilling mud	and correct.  Signature of authorized agent and tit.
3.   Pesticides   10.   Drilling mud   4.   Paint sludge   11.   Contaminated soil and sand   5.   Solvent   12.   Sonnery waste	DISPOSER OF WASTE CHEET OF THE Lied, by disposer)  Name (print or type):
fill Terrouthyl land sludge 13 Il inter weets	Code No.
7. Chemical toilet wastes 14. Thus and water 15. D Brine	The hauler above delivered the described value to (shirt described value) to was an acceptable material under the terms of RWGCR Aquirements, State
Other (Specify) Code No.	it was an acceptable material under the terms of RWGCE Aquirements, State Department of Health regulations and local restrictions.
Components: (Examples: Hydrochloric acid, lime, caustic soda, Concentration:	Quantity measured at site (if applicable): State tee (if any):
phenolics, solvents (list), metals (list), Upper Lower % ppm organics (list), cyanide)	Handling Method(s):
<u> </u>	recovery
<u>2</u>	treatment (specify):  (Examples: incineration neutralization, precipitation Code No.
<u></u>	disposal (specify): pond spreading landfill injection will code No.
<u> </u>	If waste is held for disposal dissubers specify final location.
<u></u>	Disposal Date: 7/0/00 : I certify (or declare) under penalty
<u>•</u>	of perjury that the foregoing is true
Hazardous Properties of Waste:  pH nonetoxicflammablecorrosiveexplosive	Signature of authorized agent and titl
Sulk Volume: 500 . Real	The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.
Containers: (Number)   drums	
Physical State: Solid Solid Sludge other (specify)  Special Handling Instructions (if any):	
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	\\ ( NO 7/2
The waste is described to the best of my ability and is was delivered to	\J \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
a licensed liquid waste hauler (if applicable)  I certify (or declare) under penalty of perfury that the foregoing is true	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

JOMES FOOLAND

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

A081618

agent and title